Province of the
EASTERN CAPE
HEALTH

BUDGET & POLICY SPEECH

2017/18

Together, moving the health system forward

2030 NDP

HEALTH MEC's 2017/18 BUDGET AND POLICY SPEECH

Honourable Speaker;
Honourable Premier;
Honourable Members of the Executive Council;
Honourable Members of the Provincial Legislature;
Chief Whip of the Ruling Party;
Leadership of the African National Congress (ANC) and its Alliance Partners;
Leaders of other Political Organizations represented in this House;
Chairperson of the African National Congress Standing Committee on Health;
Chairperson of the Eastern Cape House of Traditional Leaders;
Ministers of Religion;
Director General of the Province;
Superintendent General of the Department of Health; Departmental Management and Staff;
Departmental Stakeholders;
Distinguished Guests;
Ladies and Gentlemen;

Bhotani nonke mzi wakowethu,

Madam Speaker I am honoured and thankful for the opportunity to address this august House which is named after one of the stalwarts of our movement, utata uRaymond Mhlaba. This is more relevant for me this year which is declared and dedicated to celebrating yet another great leader of our movement; a stalwart who dedicated his life to the struggle for the emancipation of South Africa; utata uOliver Reginald Tambo who would be celebrating his centenary year in 2017, had he been alive.

He was a selfless servant of the people and an embodiment of the struggle for democracy, non-racialism, non-sexism and unity. O.R, as he was affectionately known, not only dedicated his life to serving the movement but his entire family joined him in the sacrifice as they were compelled to spend over two decades abroad while he was busy advancing the African National Congress' (ANCs) agenda of liberating South Africa from the cruel regime of apartheid.

We salute OR Tambo and pledge to follow in his footsteps, living up to his values as we deliver health care services to our people.

I stand here on behalf of a department which carries a mandate that is most critical and is one of the priority areas for the governing party. This priority finds expression in many policy documents of the country, including the National Strategic Plan for HIV, STIs and TB (NSP) and the National Development Plan (NDP) /Vision 2030 which are policy guiding documents for South Africa.

In relation to Health, the NDP envisages an increase in life expectancy rate to at least 70 years for men and women; HIV free youth (under 20s); radical reduction of quadruple burden of disease; an infant mortality rate of less than 20 deaths per thousand live births and an under five mortality rate of less than 30 deaths per thousand; as well as availability of universal coverage. Our efforts as this department are therefore directed at ensuring that these objectives are realised come the year 2030.

Madam Speaker, as an accountable servant of government and of the people of the Eastern Cape Province, it is important that as I table the Budget and Policy Speech for 2017/18, I take stock of how the department has progressed in implementing the objectives and priorities it set out for 2016/17 after which I will outline our plans for 2017/18.

2016/17 KEY SERVICE DELIVERY ACHIEVEMENTS

In 2016/17, the Department of Health received an allocation of R20.244 billion (twenty billion, two hundred and forty-four million rands) to advance its service delivery priorities for the financial year which resulted in many positive achievements that we would like to share with the people of Eastern Cape, however due to time limitations, I will highlight but a few.

In relation to the quadruple burden of disease which affects our Province, the department prioritised key programmes including prevention and treatment of TB and HIV/Aids; provision of Emergency Medical Services (EMS); strengthening Primary Health Care; provision of health infrastructure; implementation of Chronic Care Medicine Direct Delivery (CCMDD), to mention just a few.

We continued to offer pregnancy testing to all women of child bearing age who visited health care facilities. This resulted in an increase in the percentage of ante-natal first visits before 20 weeks of pregnancy, from a 2015/16 baseline of 59.7% to 64% by mid-year 2016/17.

The impact of the early visit is that this offers an opportunity for midwives and doctors to pick early conditions that could cause risk to the pregnancy, provide counselling and testing to pregnant mothers to detect HIV infection and provide timely treatment to prevent mother to child transmission. We believe that the early attendance of clinics by pregnant women with the support of Mom-Connect assists the department to identify, classify, manage and prevent the causes of perinatal conditions that lead to Cerebral Palsy and avoidable maternal deaths.

One of the strategies of government to prevent disease in the first 24 months of life is to provide vaccines that prevent measles, TB, pneumonia, diarrhoea, measles, whooping cough and rubella. We are pleased to report that our province has already exceeded the 2015/16 baseline of 81% and stood at 86% by mid-year 2016/17.

The WHO and National Department of Health require that we achieve at least 85% coverage to prevent measles outbreaks and for this reason, the province has for many years not experienced measles outbreaks because of this high herd immunity levels.

Our provincial measure of disease and deaths averted shows that we have achieved a substantial reduction in deaths related to diarrhoea cases in children under five (5) years which reduced to 3.4%, from a 2015/16 baseline of 3.6%. This means there were 147 less children dying from diarrhoea than the previous year baseline. Child under 5 years pneumonia case fatality rate also went down from 3.7% at end of 2015/16 to 2.7% by mid-year of 2016/17.

The extensive Human Papilloma Virus (HPV) vaccination campaign undertaken during 2016/17 contributed in decreasing the number of young girls susceptible to cervical cancer. At the end of 2015/16 year, 99.4% of the targeted 80 643 eligible school girls were vaccined, and progress in the implementation of the campaign shows that the department will achieve the 2016/17 target as well. Cervical cancer screening coverage reached the 60% mark by mid-year, up from the previous year's baseline of 57.4%.

The Department has also increased efforts to prevent non-communicable diseases by screening clients and initiating treatment to those with diagnosis. To date, over 1.7 million and 1.5 million clients presenting at health facilities have been screened for hypertension and diabetes respectively. In 2016/17, through the Integrated School Health Program (ISHP) the department managed to provide health screening services to 103 824 learners across the Province. These include Nutritional assessment; Physical assessment (gross and fine motor);Vision; Oral health; Hearing; Chronic illness; TB screen; Speech; Psychosocial support; and mental health. Furthermore, the department managed to deworm 27 112 learners; identified and managed 1 092 cases of malnutrition and under-nutrition; 1 557 cases of obesity and also immunized 26 441 learners. Through this program, the department was able to provide referral services for 14 527 children with various ailments such as suspected TB; speech problems; hearing; oral and eye health.

Honourable Members ***simanxadanxada siphucula sikwaphuhlisa ukunikezelwa kweenkonzo kumaziko ezempilo, aquka izibhedlele zeliPhondo.*** During the 2017 State of the Province Address the Honourable Premier made reference to improvements we have made at the Bedford Orthopaedic Hospital. Indeed the long waiting times for Orthopaedic Operations at this facility have been drastically reduced as a result of the provision of specialists and procurement of more theatre equipment. We are now proud to report that surgery waiting period has reduced from an average of three (3) months in September 2016 to less than one month in January 2017.

The Spinal Services at Nelson Mandela Academic Hospital (NMAH) have been boosted through a supportive collaboration with the Head of Orthopaedics at the University of Pretoria. This collaboration ensures that this rare service is strengthened for the benefit of the people of the this province. Furthermore, we are busy installing a Cardiac Catheterisation Laboratory (Cath Lab) at Nelson Mandela Academic Hospital, which will be run by our homegrown Cardiologist and will provide much needed cardiothoracic services to communities of O.R Tambo and Alfred Nzo Districts. Previously these patients had to be bussed to Port Elizabeth but this will now be a thing of the past. We are indeed pleased to have trained and recruited the following seven (7) super specialist for Nelson Mandela Academic Hospital:

- Anaesthetist and Intensivist;
- Physician and Rheumatologist;
- Physician and Cardiologist;
- Paediatrician and Neonatologist;
- Ear Nose & Throat (ENT Specialist);
- Orthopaedic Specialist; and
- Paediatrician and Infectious Disease specialist.

This accomplishment will surely go a long way in the provision of specialist services to the people of the Eastern Cape Province. In addition, we now have a qualified Gynaecology Oncologist who is stationed at Dora Nginza Regional Hospital and a qualified Radiation Oncologist both of which will be working hard to boost our fight against cancer.

As a victory for children born with deafness, we are pleased to announce our plans for Cochlear Implant services. These children are usually condemned to a life of permanent disability, especially those who come from low socioeconomic backgrounds. To date Cochlear Inplant services were only available in Cape Town, with only limited space available for Eastern Cape patients. In 2017/18 the Nelson Mandela Academic Hospital in collaboration with Walter Sisulu University (WSU) and Stellenbosch University Academics will open up these services right here in our province.

Honourable Members, on **TB and HIV/Aids**, the department has already over-achieved its annual targets for HIV testing services and condom distribution, and further managed to reduce the HIV/Aids prevalence rate for people between 15 and 49 years of age from 10.4% in 20 14 to 7.7% by 2016. Our intensified strategies on ARV distribution; targeting key populations; pregnant mothers as well as our partner-ships and collaboration with other sectors such universities and TVET colleges and development partners have significantly attributed to this success.

The department continued to implement the 90-90-90 strategy on TB and HIV management, and to date has noted positive progress through the monthly monitored tracer indicators. In September 2016, we started implementing the Universal Test and Treat (UTT) policy which is aimed at improving the number of new patients initiated on ARV treatment. We are finding that the new shortened regimen for MDR patients is bearing fruits and we are now experiencing fewer patients that are lost to follow up. Because of these interventions, we have been able to achieve the following outcome:

- Screening a total of 985 250 clients by mid-year;
- A total of 361 404 clients remained on ART by mid-year already reaching 76% of the planned annual target of 473 089 and higher than the 2015/16 baseline of 361 166;
- We reached a total of children under 15 years remaining on ART of 11 942; and
- Applying the same 90-90-90 strategy to the TB Program was an important decision taken by the department and as such by mid-year, 1 424 752 clients who are 5 years and older were screened in facilities for TB symptoms. TB Treatment success rate stood at 83.6%, whilst the number of TB patients lost to follow-up was 598 out of 8 242 patients on TB treatment, which is equivalent to the targeted defaulter rate of 7.2%.

Madam Speaker as part of our preparations for the National Health Insurance (NHI) we are making good progress in preparing health facilities to be ideal clinics through the Ideal Clinic Realisation and Maintenance (ICRM) programme. This is an initiative which ensures that health facilities have good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, thus ensuring the provision of quality health services to the community.

The department is increasing universal access to health care through implementation of the National Health Insurance (NHI) readiness programme in the pilot districts. Appointment of WBOTS; WBOT leaders; ISHP teams; contracting of General Practitioners (GPs); and Central Chronic Medicines Dispensing and Distribution (CCMDD) project roll out are some of the readiness programmes implemented in our pilot districts, and good progress is made by the department in these areas.

Honourable Members, the 141, 4x4 ambulances that we had committed to deliver in 2016/17 have now arrived albeit delays with the finalisation of the national contract. for EMS vehicles We are now focusing on the urgent conversion of these vehicles to get them ready for operating as ambulances. We hope to distribute all the ambulances to districts by end of May 2017.

Madam Speaker, on the delivery of infrastructure for health we have made good progress in building, refurbishing and renovations of our facilities within the province. Amongst the infrastructure projects that have been completed in 2016/17,

I would like to make a special mention of the Frontier Regional Hospital; St Patricks District Hospital and the flagship project at Cecelia Makiwane Regional Hospital.

Facilities with high maternal deaths and life support requirements have received the required equipment such as Ultrasounds Units, Cardiotocography (CTG) machines and Infant Warmers. These facilities are Butterworth; Madwaleni; Mthatha Regional; St Elizabeth; St Patricks; All Saints; Wilhem Stahl; Aliwal North; Grey; Dora Nginza Hospitals.

The equipment is intended to improve services and clinical outcomes in our high priority areas, being maternity and labour wards; neonatal ICUs and nursery; theatres and recovery bays; emergency units and resuscitation rooms; and Out Patient Departments (OPDs). With the availability of this equipment in our facilities the Department further envisions reduction of Medico Legal claims, as clinical services will now be improved. Furthermore, we have installed x-rays at Middledrift, Nontyatyambo and Cala Community Health Centres (CHCs); Mthatha Regional, Butterworth, St Patricks and Grey Hospitals.

We are a government at work Honourable Premier!!!

2017/18 SERVICE DELIVERY PRIORITIES

For the coming year, that is 2017/18 Madam Speaker, the department will continue focusing on the Re-engineering of Primary Health Care (RPHC), which is a fundamental component of the National Health Insurance (NHI) program. The key service delivery elements that the department will be prioritise during this period includes strengthening District Clinical Specialist Teams (DCST); Ward-based Outreach Teams (WBOTs); contracting of General Practitioners (GPs); Integrated School Health Programme; as well as the Centralized Chronic Medicine Dispensing and Distribution (CCMDD) which has now been rolled out to all districts. The number of WBOTs will be increased in order to extend coverage of households visited. Outreach Household Registration visit coverage is targeted to reach 30% by the end of 2017/18 financial year.

The department will continue to strengthen its integrated service delivery planning and implementation at the community level using Ward Base d Outreach Teams. This is in line with the Operation Masiphathisane's Integrated Service Delivery Model (ISDM), which was launched in May 2016. Furthermore, the National Health Council has resolved that the stipend for eligible Community Health Workers be increased from R 2000 to R 3000 with effect from April 2017.

To ensure drug availability and effective management of drug stock outs, the department will strengthen use of the Stock Visibility System (SVS) which was rolled out to all Primary Health Care (PHC) facilities and hospitals.

Madam Speaker, in 2017/18 our department will be expanding and effecting the Ideal Clinic Realization and Maintenance Model in more than 50% of the provincial PHC facilities to improve the quality of services rendered in our clinics by strengthening the service platform and management of facilities.

We are moving ahead to prepare the province for the National Health Insurance (NHI) and therefore the department will continue to focus on the two (2) pilot NHI districts of OR Tambo and Alfred Nzo. Honourable Members, our intension as the department is to take lessons learnt from the two pilot sites and some components of the NHI, and roll these out to all districts.

Madam Speaker, we take note of the successes drawn as a result of the World Health Organization's (WHOs) 90:90:90 strategy on HIV, STIs and TB and we are resolute to continue its implementation during 2017/18, even beyond management and treatment of HIV, STIs and TB. HIV Counselling and Testing (HCT) will continue in order to improve the HIV testing coverage in the province. For the 2017/18 year, the department is targeting to:

- Test 1.4 million clients for HIV;
- Have over 500,000 HIV positive adults remaining on ART; and
- Improve on the TB treatment success rate which is currently above 82%.

Our intention Madam Speaker is to adopt the 90-90-90 strategy and expand it to other chronic conditions such as diabetes and hypertension. The burden of Non Communicable Diseases will be decreased by screening at least 900,000 clients for hypertension and an equal number for diabetes by end in 2017/18. Both hypertension and diabetes are silent killers, accounting for a high number of mortalities in our country and therefore a programme of this nature will come in handy in addressing this challenge.

In an endeavour to reduce child and maternal mortality the National Department of Health has approved a new policy (BANC+) which will see an increase in the number of clinic visits by pregnant women to eight (8). This is another of the department's interventions to reduce maternal mortalities, especially as a result of hypertensive disease.

This policy will be implemented alongside other proven programmes such as Mom-connect which has helped improve the quality of Antenatal care services and reduce maternal mortality in the province since its initial rollout. Mom-connect has been received well by our communities and I will share briefly with you feedback from some of the service beneficiaries. ***"Mom connect you are so special in young mothers' lives. You helped me whilst I was pregnant until today, my baby is eight (8) months old. Wow you are so marvellous, keep it up".***

"Ndincoma impatho ka PN VUSANI wase Thembelihle Clinic, unempatho usisi akababaphakameli abayofuna uncedo. Unesineke akadikwa, umbona kwase-busweni unothando uyawuthanda umsebenzi wakhe".

Madam Speaker, we are pulling all necessary stops to reduce the Medico Legal burden to our department. In 2017/18 we will continue to give training to our clinicians on Essential Steps in Management of Obstetric Emergencies (ESMOE) as well as fire drill trainings to ensure that they are well capacitated to handle such cases.

This year going forward our maternity services and reproductive health service will have additional investment in staffing, essential life saving equipment and modern technology to monitor and identify easily high risk pregnancies and provide best support for new borns to prevent birth related harm and sequelae. All facilities that provide Caesarian care will be provided with C-PAP breathing support service.

We are exploring digitisation of clinical records especially patient records to improve management of records and enhance efficiencies. A team from Head Office undertook a benchmarking exercise in other provinces for this purpose. The department will soon be migrating to an electronic records management system which will be preceded by the clean-up of manual records through sorting and archiving processes.

Honourable Members, also as part of our tireless efforts in the fight against medico-legal claims, we are continuously assessing our medico legal strategy and incorporating additional measures to limit our exposure in this regard. We appreciate efforts by the Executive Council and the interactions with the Provincial Treasury and Office of the Premier to manage this scourge. We are at advanced stages of appointing a panel of medico-legal experts that will assist in defending these cases in court. The department is also taking action against the unscrupulous attorneys who charge exorbitant settlements with intentions for self enrichment. Together with the equipment procured and specialists appointed, the department is confident that it is in the right direction with regards to the fight against this scourge.

Emergency Medical Services (EMS) by its nature will always remain a priority for the department. In the past two (2) financial years the department has made significant investments in additional EMS vehicles and personnel. In 2017/18 the department will introduce nine (9) Ambulance Busses which have a six (6) stretcher and 25 seated carrying capability for transportation of patients. These buses will bring much needed relief to our patient transportation system, thus making ambulances more available for other emergency calls. Each district will be allocated one bus, except for Sarah Baartman District which will receive two buses due its vastness.

Furthermore the National Minister has signed the new EMS Regulations which will do away with EMS short course training in the country. In line with this regulation, our Department will be working closely with the two Universities, Nelson Mandela Metropolitan University (NMMU) and University of Fort Hare (UFH) to bring our EMS practitioners to the required level of qualification.

Madam Speaker the department recognises that in order to achieve our service delivery mandate, a skilled workforce is vital. To this effect the department continues to service its financial and contractual obligations regarding bursaries that we have already committed to. Currently we have 848 bursary holders, of which 58 are new added beneficiaries who have been awarded bursaries for the 2017 academic year.

Honourable Members, the department has made good progress in the training of junior doctors, moving from 276 to 348 medical interns. This will accordingly improve our capacity to absorb new doctors, especially the Cuban trained contingent. To further prepare for the Cuban trained doctors; we are expanding the platform and preparing fifteen (15) District hospitals to form part of the training platform for doctors. in addition we have also placed Cuban specialists at St Elizabeth; Cecilia Makiwane; and St Patrick's Hospitals to focus on Mother & Child care. More training will also be provided this year that will target specialist doctors and nurses to address scarce skills for theatre, ICU, Oncology, surgery and advance speciality services.

Of the 289 clinics that we committed to provide appropriate leadership for, we have only managed to appoint for 57 clinics and these managers assumed duty as of 01 March 2017. We will now prioritise the appointment of managers for the remaining facilities in this financial year.

Madam Speaker, as has been confirmed by both Premier Masualle and MEC Somyo in their State of the Province Address and Provincial Budget Speech respectively, it is important to have an adequate workforce for health. Accordingly, in our R14 billion Compensation of Employees (COE) allocation we will provide a capable workforce for the health sector. Priority will be given to filling of critical clinical posts like Mortuary Attendants; General Workers; Laundry Workers as well as critical administrative posts at district and facility level.

The department has also concluded its process of putting a new organogram in place, however the essential consultation process took longer than anticipated and this delayed its planned implementation. We now envisage to implement the new structure from 01 April 2017.

Madam Speaker the country's economic outlook poses a serious challenge to service delivery, be that as it may, Infrastructure delivery will continue to receive priority. The department will focus on areas which will yield improved clinical outcomes in the most cost effective manner as follows:

- Renovations of Clinics and Community Health Centres;
- Renovations of district hospitals;
- Fencing and guard houses;
- Rehabilitation of mortuaries and Forensic Pathology Services Units;
- Procurement and maintenance of medical equipment;
- Upgrade of water treatment plants and sewerage system;
- Emergency Building Repairs;
- Electricity and water connection;
- Electrical and mechanical plant and machinery upgrade;
- Lift maintenance and upgrade;
- Repairs and renovations of accommodation units for health professionals;
- Eradication of mud and inappropriate structures;
- Renovations and maintenance of the Emergency Medical Services Bases;
- Maintenance of health facilities plant, equipment and machinery; and
- Capacitation of the Infrastructure Unit.

Over the 2017 MTEF, an allocation of R4.5 billion is set aside to pursue all these critical health infrastructure areas. The department will also prioritise rehabilitation and refurbishment of Mjanyane and Nessie Knight Hospitals over this period.

Honourable Members in May 2017, the Premier will be officially opening one of our key infrastructure projects in the province, the Cecilia Makiwane Hospital flagship project. We will be welcoming the people of Mdantsane and surrounding areas to the newly established wing of the hospital to access the technologically advanced and improved service package. Other facilities that will be opened and officially handed over in 2017/18 include: Maxwele; Lotana; Malepelepe; Tikitiki; Nkanga; Nkwenkwana; Isikhoba; Qebe; Vaalbank; Mahlubini; Zabasa; Centuli and Ngcizela clinics as well as Frontier Hospital's main Casualty & OPD and St Patricks Hospital's OPD.

2017/18 BUDGET AND PROGRAMME ALLOCATION

Madam Speaker, I wish to table the 2017/18 budget appropriation for the Eastern Cape Department of Health. For this financial year, the department has been appropriated an amount of R 21 707 165 (twenty one billion, seven hundred and seven million rand) to do its work. Below is the breakdown of the budget per programme and economic classification:

PROGRAMMES	ALLOCATION
1. Administration	687 001
2. District Health Services	10 937 544
3. Emergency Medical Services	1 222 366
4. Provincial Hospital Services	3 322 570
5. Central Hospital Services	3 108 963
6. Health Sciences and Training	853 145
7. Health Care Support Services	130 759
8. Health Facilities Management	1 444 817
Total	**21 707 165**

ECONOMIC CLASSIFICATION	ALLOCATION
Compensation of employees	14 415 656
Goods and services	5 657 287
Transfers and subsidies	290 342
Payments for capital assets	1 343 880
Total	**21 707 165**

CONCLUSION

Madam Speaker and the Members of the Legislature, I recognise the sacrifice that our sister departments make to ensure that health and education receive the biggest slice of the shrinking budget cake and I would like to assure the people of the Eastern Cape that the organisational reforms that we are implementing are aimed at providing a comprehensive service package, that is of quality and universally accessible to all those who are in need.

The department is committed to collaborate and act as one with other departments to address the social conditions that make our people vulnerable and at risk of diseases as a results of the social determinants of health and life style diseases. The department is shifting resources to the frontline services and expanding the capacity to reach the community in their households through the streams of PHC reengineering, ensuring that medicines are delivered to communities and that children in schools are provided with health promotion and preventative services.

We believe that we should take and use lessons learnt from ORT pilot sites to transition all our districts to NHI districts. Our organisational reform based on the new organogram has made provision for strong district and hospital management team led by high ranking leaders who are empowered to exercise management decision to manage resources and deliver quality services. HIV and AIDS, communicable diseases, maternal and child health remain the high priority for the department as these conditions contribute to the global disease burden of the province and combine to inflict the highest number of preventable deaths.

Health care services depend on trained and dedicate personnel and in many of my presentations to this House and to other fora of government, I have pleaded for more health workers and support staff to enable us to respond to the shortage of staff at our health facilities which is the constant cry of our people. I must admit that although significant resources have been allocated to the department over the past years, we remain constrained and unable to fulfil our constitutional mandate of providing quality and accessible health care services including quality hospital and emergency care at reduced waiting times, as well as reduced waiting at primary health care facilities.

Despite all these challenges, I continue to receive support from members of Executive Council under the leadership of the Premier Masualle; the Chairperson and Members of the Health Portfolio Committee; fellow Members of the Provincial Legislature; the Head of Department, Dr Mbengashe and his team, and from the many dedicated health professionals to workers in health facilities, districts and Head Office.

I wish to also take this opportunity and appreciate my family for their support and being a source of inspiration for me to do even more for my Province.

Honourable Speaker, I hereby table the Eastern Cape Department of Health's 2017/18 Budget and Policy Speech as well as the Annual Performance Plan and Operational Plan for 2017/18 financial year.

Enkosi.

Prepared by the Communications Directorate
Eastern Cape Department of Health
Room 439, 4th Floor, Dukumbana Building
Independence Avenue, Bhisho
Email: ndileka.cola@echealth.gov.za

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.echealth.gov.za